



Book 2024 Page 955

Document 2024 GWH-955 Type 53 001 Pages 9
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Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name: Mary Kathleen Wolfe a/k/a Mary K. Wolfe
Address: 107 Mason Court, Manchester, IA 52057

TRANSFeree:

Name: Steven D. Moorman and Barbara J. Moorman
Address: 1555 255th Street, Manchester, IA 52057

Address of Property Transferred:

1640 275th Street, Manchester, Iowa 52057

Legal Description of Property: (Attach if necessary)

Parcel B, Part of the NE1/4 - SW1/4 Sec. 31, T88N, R5W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2005, Page 1288

1. Wells (check one)

- ☐ No Condition - There are no known wells situated on this property.
- ☒ Condition Present - There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

2. Solid Waste Disposal (check one)

- ☒ No Condition - There is no known solid waste disposal site on this property.
- ☐ Condition Present - There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

- ☒ No Condition - There is no known hazardous waste on this property.
☐ Condition Present - There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

4. Underground Storage Tanks (check one)

- ☒ No Condition - There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)
☐ Condition Present - There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

5. Private Burial Site (check one)

- ☒ No Condition - There are no known private burial sites on this property.
☐ Condition Present - There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

6. Private Sewage Disposal System (check one)

- ☐ No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
☐ No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
☒ Condition Present - There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
☐ Condition Present - There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
☐ Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and the buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
☐ Condition Present - There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #7]
☐ Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]:

☐ Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:

Review the following two directions carefully:

- A. If you selected a box stating "No Condition" for every numbered section above, **STOP HERE**. Do not submit this form. Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of

the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

22' south of Hase

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Mary Kathleen Wolfe Telephone No: 319-389-4884

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

- ☐ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
- ☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b. Hazardous Wastes (check one)

- ☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
- ☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: _____ Telephone No.: _____

**TIME OF TRANSFER INSPECTION TOT# 7679 JODY ANTRIM CERT # 8874**

Site Information

Parcel Description: **230230 31 00 006 10**Address: **1640- 275th St., Manchester, IA 52057**County: **Delaware**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Mary Kathleen Wolfe**Email Address: **Windyhill1640@aol.com**Address: **1640- 275th St., Manchester, IA 52057**Phone No: **319-389-4884**

Site related information

No Of Bedrooms: **3**Inspection Date: **10/23/2023**Facility Type: **Residential**Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number:

All plumbing fixtures enter septic system: **Yes**County contacted for records: **Yes**

Property Information Comments:

The house sets on a 3-acre lot.

Primary Treatment

Tank 1

Tank Name: **Tank 1**Type: **Septic Tank**Tank Size (Gal): **1500**Tank Material: **Concrete**Tank Corrosion Type: **None**Liquid Level Type: **Normal**No. of Compartments: **2**Pump Tank Chamber: **No**Licensed Pumper Name: **Terry
Gudenkauf pumping**Date Pumped: **10/2/2023**Meets Setback to Well: **Yes**Well Type: **Private**Distance To Well (Ft.): **100**Is Accessible: **Yes**Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **No**

Watertight: **Yes**

Tank/Vault Pumped: **No**

Inlet Baffle Present: **Yes**

Outlet Baffle Present: **Yes**

Functioning as Designed: **Yes**

Tank Comments: **New risers are brought up to grade at time of inspection.**

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1**

Material Type: **Plastic and Concrete**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **No**

Speed Levelers Present: **No**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Leaching Chamber**

Trench Width: **24"**

Lines: **4**

Total Length of Absorption Line: **80'**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft): **100**

Lateral Lines Probed: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Present: **Yes**

Lateral Lines Equal Length: **Yes**

System Located on Owner Property: **Yes**

Easement Present: **N/A**

Functioning as Designed: **Yes**

Comments: **Total of four lines Only two are taking water.**

General Secondary Treatment Comments: **There are four leaching lines, only two are taking water. 50% is ok to pass inspection.**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **The 1500 gal. concrete tank is in good condition, the d-box has 4 lines coming out of the d-box, 2 of the 4 are taking water. the other two are very, very. slow. 50% is what we need to pass inspection. 300 Gals of water was used at the time of inspection.**

The house is has not been sold yet.



TIME OF TRANSFER INSPECTION TOT# 7679 JODY ANTRIM CERT # 8874

Owner Name: **Mary Kathleen Wolfe**

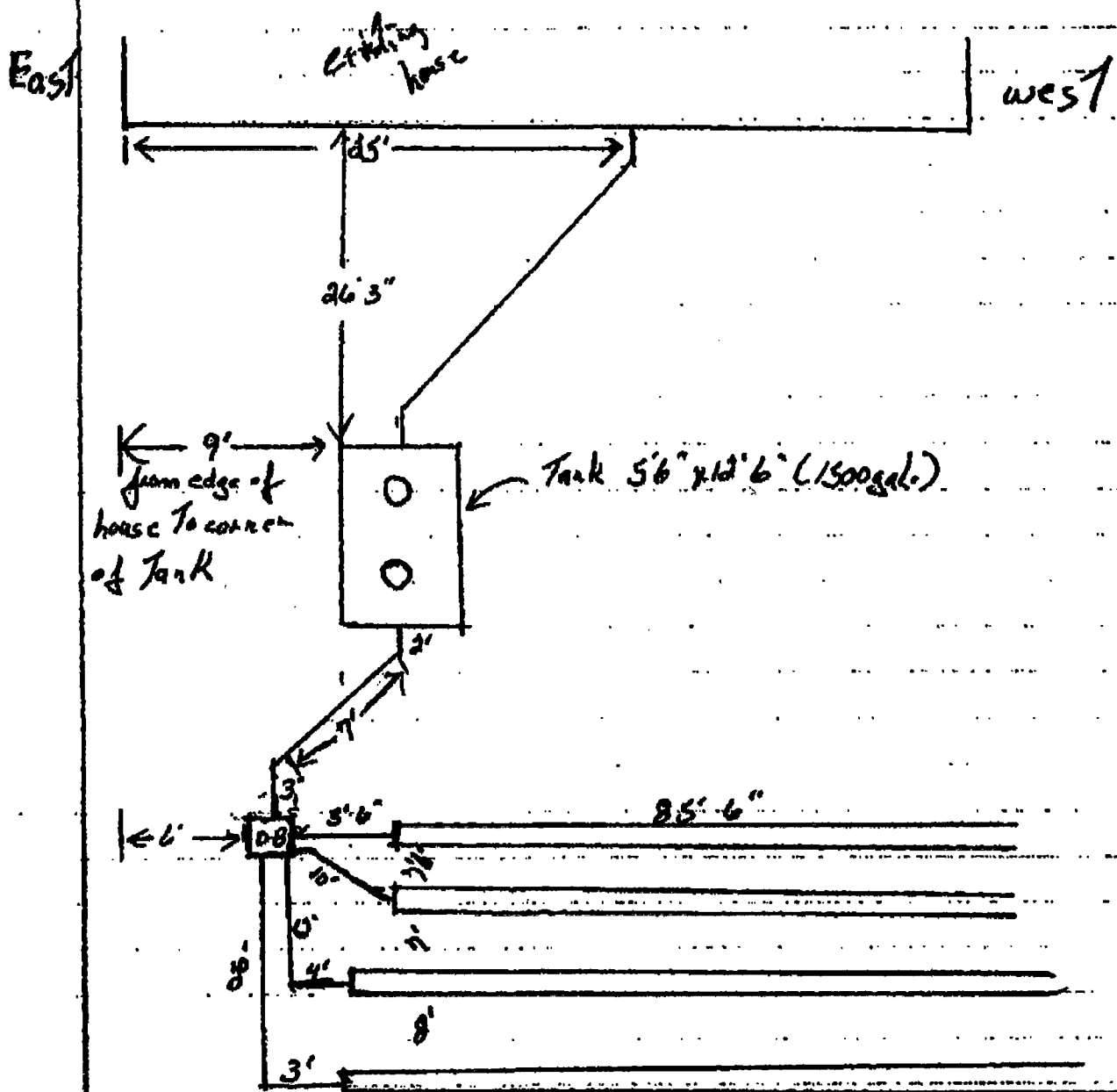
Address: **1640- 275th St. , Manchester , IA 52057**

County: **Delaware**

Inspection Date: **10/23/2023**

Submitted Date: **10/23/2023**

Jerry Wolf



✓230 31 00 006 10 1329
DELAWARE COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1640 275th St. Section 31 Township 11/e
LOCATION: NE 1/4 sec 31 T-28-N R-5-W
Owner: Jerry Wolfe. Tenant: Plumber: Erickson
Lot Size: 3 ac. Type Commercial: Residential: (No. Bedrooms) 3
Fixtures: Stools 2 Lavatories 2 Bath Tubs 2 Showers 2 Sinks 5 Automatic Laundry Sump Pump
Septic Tank made by Savalex Garbage Grinder Construction Material Concrete Gallons Cap 1500
Percolation Test: 1 2 3 4 Made by:
Absorption Field: Total length of laterals 320 No. of lateral lines 4
This system is new ☒ Existing E. Q. 3 1/2

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.
Date Approved 6-13-05
By Dennis Lyons INSPECTOR
APPLICANT'S SIGNATURE
SEAL